

C1 08043

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE Received MM DD YY 05 30 13

DATE WELL COMPLETED MM DD YY 3-21-2013

Depth of Well 600 (TO NEAREST FOOT)

6/3/13 OK (KW)

PERMIT NO. FROM "PERMIT TO DRILL WELL" Ho-95-2515

OWNER La Grove Thomas WELL SITE ADDRESS 5415 Salom Court TOWN Clarksville, Md 21029 SUBDIVISION Eagle Point Landing SECTION LOT 11

WELL LOG Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Entries: Sand (0-36), Cenozoic Rock (36-600) with checkmark.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 9 NO. OF POUNDS 846 GALLONS OF WATER 54 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 37 ft.

CASING RECORD

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 40

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole insert appropriate code below ST BR HO PL OT

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO N

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO.: M SD 024 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: M SD 027

SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.)

Table with columns: T, A, C, H, S, C, R, E, E, N. Rows for casing depths: 8-11, 15-17, 23-26, 30-32, 36-38, 39-41, 45-47, 51-53, 56-60.

GRAVEL PACK IF WELL DRILLED, WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min.) 1.5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 40 ft. WHEN PUMPING 255 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE 2 (nearest foot)

LATITUDE 39.22248 LONGITUDE 76.97400 (DEFAULT COORD. WGS 84)

NOTES:

B 1 12158

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please type

STATE PERMIT NUMBER

HO-95-2515 fill in this form completely

Date Received (APA)

05 07 13

OWNER INFORMATION

Granada Thomas 5415 Talon Court Clarksville Md 21029

B 3 LOCATION OF WELL

Howard COUNTY Eagle Point Landing SUBDIVISION SECTION 44 46 LOT 48 50 Clarksville NEAREST TOWN

DRILLER INFORMATION

Joseph E. Mayne M S D O 24 Driller's Name License No. Joseph E. Mayne Well Drilling Firm Name 5512 Ridge Rd Mt. Airy Md 21771 Address Joseph E. Mayne 6-6-2013 Signature Date

B 4 SOURCES OF DRILLING WATER

5415 Talon Court STREET ADDRESS ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH DISTANCE FROM ROAD ENTER FT OR MI TAX MAP: 28 BLK: 15 PARCEL 388

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING OPEN LOOP GEOTHERMAL CLOSED LOOP GEOTHERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME (13) A46287 COUNTY NO. STATE SIGNATURE DATE ISSUED 5/6/13 CO SIGNATURE EXP. DATE 5/6/14

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary DRive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

PROPOSED LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC SYSTEM, ROADS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER PERMIT No. HO-95-2515

SPECIAL CONDITIONS Ex. Well to be sealed.

FIELD DATA SHEET
 HOWARD COUNTY WELL YIELD TEST

Well Permut No. HO - 95-2515
 Location of property (road) 5415 Talon Court Clarksville Md 21029
 Subdivision Eagle Point Landing Lot 11 Block _____ Plat _____ Sec. _____
 Well Driller Joseph Maysie Owner Thomas La Grave

Depth of well 600'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 40'

I. High rate pumping -- reservoir drawdown

Time pump started 7:45 Pumping rate 20 gpm
 Total time 30 min to reach pumping water level 255 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:00	153'	3 sec		20 gpm
8:15	255	4 sec		15 gpm
8:30	255	40 sec		1.5 gpm
8:45	255	40		1.5
9:00	255	40		1.5
9:15	255	40		1.5
9:30	255	40		1.5
9:45	255	40		1.5
10:00	255	40		1.5
10:15	255	40		1.5
10:30	255	40		1.5
10:45	255	40		1.5
11:00	255	40		1.5
11:15	255	40		1.5
11:30	255	40		1.5
11:45	255	40		1.5
12:00	255	40		1.5
12:15	255	40		1.5
12:30	255	40		1.5
12:45	255	40		1.5
1:00	255	40		1.5
1:15	255	40		1.5
1:30	255	40		1.5
1:45	255	40		1.5
2:00	255	40		1.5
2:15	255	40		1.5

HD-22

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WELL & SEPTIC PROGRAM
TEL: (410)313-1771 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: MARK BREW PLUMBING Telephone #: 301-854-0609
Address: 90 BOX 88
HIGHLAND MD 20777

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:
Name (Print): MARK BREW License# 16761

*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Thomas Lagrave Telephone #: 410-531-5244
Subdivision: Lot #: Well Tag #: HO -
Site Address: 5415 TALON CT
CLARKSVILLE MD 21029

Submersible Pump Data: Make: GOULDS Model #: 59515412C Pump Capacity 5 GPM Well Yield: 1.5 GPM
Pitless Adapter: Make: ROSHART Model #: P-100-SS Depth: 36 (36" min) NSF/WSC approved: Y
Well Cap and Electric Conduit: Two piece watertight cap: Screened, vented well cap: Cap secured to casing: Conduit min 18" B.G.: Conduit secured to well cap:
Depth of well encountered at time of pump installation: (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors, Cable guards, or other acceptable method used- Must circle one
Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

Piping to house: Type: P.E. PSI: (160 psi min) Depth of supply line: 36 (36" min)
House Connection: PVC sleeve to undisturbed soil at wall penetration: Length of sleeve(5' minimum from foundation): Sleeve sealed properly:

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: date 5/27/13

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: Date Insp. Approved: 5/23/13 Inspector: KW
Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope not outside of well cap/casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

5/23/13 KW
Plumber had capped off ex. well and was going to leave as is w/ old pump. Told him they must tie both wells up together or abandon and seal existing KW

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Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

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Company Name: _____ Telephone #: _____
 Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
 License # and name of individual responsible for the field installation:
 Name (Print): _____ License# _____

***A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: _____ Telephone #: _____
 Subdivision: _____ Lot #: _____ Well Tag #: HO - 95-2515
 Site Address: 15415 Taylor Ct.

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (feet)	Conduit secured to well cap: _____	
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors, Cable guards, or other acceptable method used- Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u>		

*
 Both Wells in use
 1.5gpm for both wells

<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Length of sleeve (5' minimum from foundation): _____
Depth of supply line: _____ (36" min)	Sleeve sealed properly: _____

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date _____

For Health Department Use Only – Not to be completed by Installer

Date Insp. Requested: 5/23/13 Date Insp. Approved: _____ Inspector: _____
 Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade _____
 Two piece cap installed and attached to casing securely _____
 Elec. conduit extends at least 18" below grade/attached to cap properly _____
 Safety rope not outside of well cap/casing _____
 Correct well tag attached properly and casing 8" above finished grade _____
 Water supply line sleeved adequately at house connection _____
 Adequate grout observed below pitless adapter _____



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

May 23, 2013

Teresa Lagrave
5415 Talon Court
Clarksville, MD 21029

** sent via
mail on 5/23/13*

RE: **Replacement Well**
5415 Talon Court
Well Permit # HO-95-2515

Dear Homeowner:

According to our records, your replacement well has been connected to the dwelling. We request that you contact the Community Hygiene Program at **(410) 313-1773** to schedule initial water sampling for the above referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). This sampling includes testing for bacteria, nitrates, turbidity, and sand. There is currently **no charge** for the sampling and it is to your benefit to have it tested. The existing well (HO-88-0304) will be kept in use with a submersible pump. Testing should be done on both wells.

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

If sampling has already been performed by an outside lab, please help us by forwarding the results of the samples to our office. If you have any further questions, you can call me at 410-313-2645. Otherwise, call Community Hygiene at 410-313-1773 to schedule or arrange for them to collect the subsequent water samples.

Sincerely,

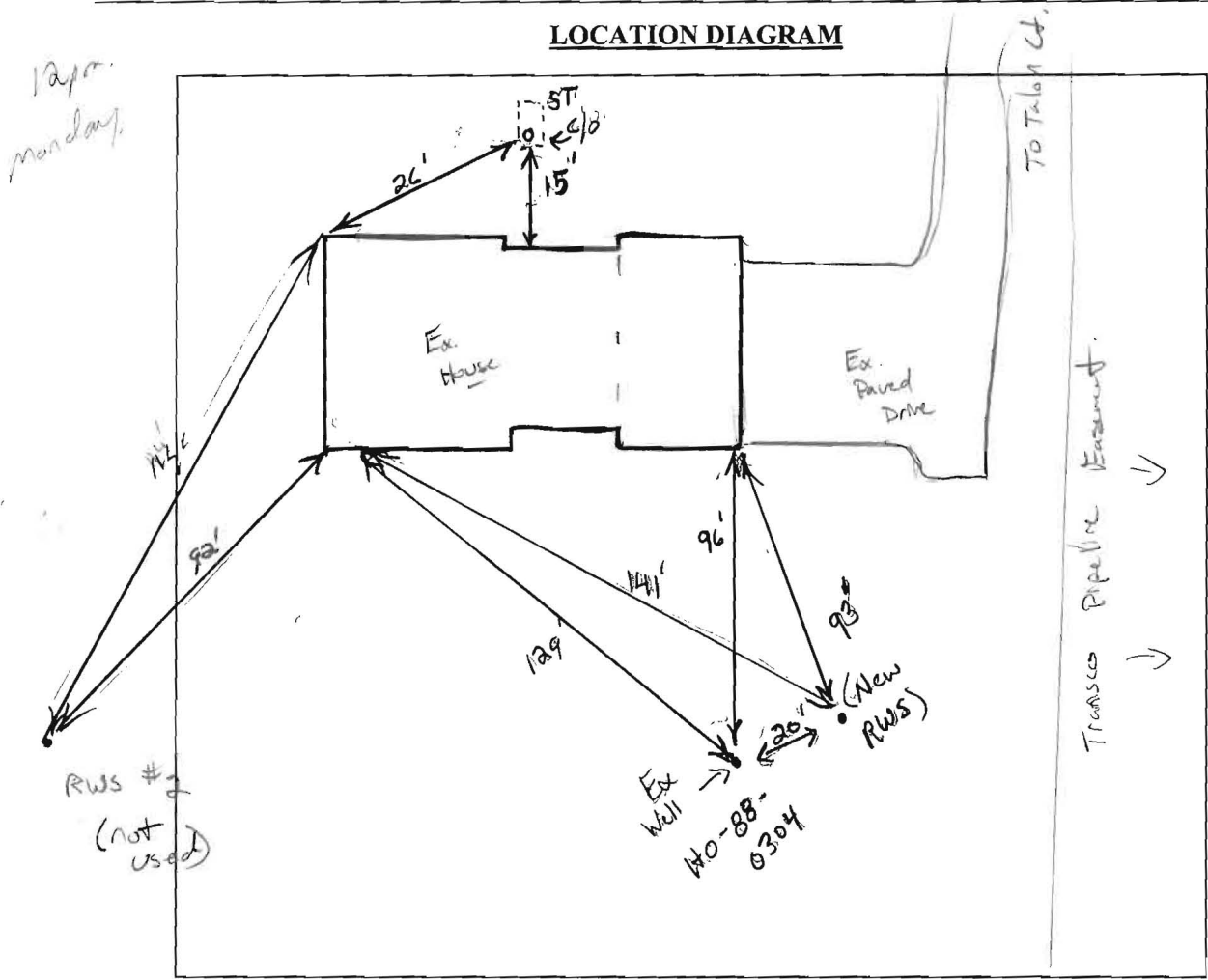
Kevin M. Wolf, R.E.H.S.
Kevin M. Wolf, R.S., R.E.H.S.
Howard County Health Dept.
Groundwater Mgmt. Sec.

Cc: Community Hygiene Program
File

SITE INSPECTION SHEET

OWNER: Thomas LaGrave PHONE #: 301-252-4642
 ADDRESS: 5415 Talon Court CONTRACTOR: _____
 WELL TAG #: 88-0304
 SUBDIVISION: Eagle Point Landing LOT: 11 COUNTY #: _____
 PROPOSAL: out of H₂O

LOCATION DIAGRAM



COMMENTS: 5/6/13 Plenty of area on property. Location selected. Ex. well to be sealed. House under sale.
5/17/13 No water hit yet. 450' right now. Location #2 selected but driller will confirm w/ owner to see if they want to drill deeper. (RW)
5/21/13 Confirmed from driller loc #2 not used. RWS#1 depend to ~630 1.53pm
 DATE: 5/6/13 INSPECTOR: K. Hall